_ 1	PLACE OF BIRTH ARIZON	A STATE BOARD OF HEALTH
an a	1. County of BUREAU OF VIT	AL STATISTICS State Index No. 1.1
<b>ĕ</b>	District of ORIGINAL CERTIF	97.1
	Town of	Local Registrar No
	city of Globe. No.	or institution, give its NAME instead of street and number)
	2. Full name of child Andon mul William   If child is not yet named, make supplemental report, as directed	
	Il 3 SAX OL I 10 De elibration I	rate? of . /3 - 2 2 (Month, day, year)
	8. FATHER Full name William Arthur Williams	MOTHER  uil saiden  Marie Jessen Toufur
	9. Residence (Usual place of abode) If nonresident, give place and State love, As-	6. Residence (Usual place of atolle) If nonresident, give viace and State Wolf, Aug.
	10. Color or race White 11. Age at last birthday 2 (C. (Years)	6. Color or race White 17. Age at last birthday 27 (Years)
	12. Birthplace (city or place)	8. Birthplace (city or place) nuclugare (State or country)
	13. Occupation	9. Occupation  Nature of industry Hausewife
	20. Number of children of this mother (Taken as of time of birth of child here- in certified and including this child.) (a) Born alive and now live	ing(b) Born alive but now dead(c) Stillborn
PLAII	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  I hereby certify that I attended the birth of this child, who was (Born alive or stillborn)	
WHITE Case of m	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Globy armon (Physician or midwide)
: <u>=</u>	Given name added from	Lecal Registrar
ř Ž	762-813-439 Filed	County Registrar.